



**T.E.A.C.H. Early Childhood® Rhode Island
Scholarship Application
Associate Degree Model
Center-Based Teachers and Assistant Teachers**

Date: _____

Name: _____ Social Security #: _____

Date of Birth: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number Home: () _____ Cell: () _____ Work: () _____

Email: _____

College Email (if different): _____

Employment Status

What is your current job title?	<input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Administrator	<input type="checkbox"/> Family Based Professional <input type="checkbox"/> Non-Teaching Professional Staff <input type="checkbox"/> Non-Teaching Support Staff
How long have you worked in the field of early childhood?	<input type="checkbox"/> Less than 2 Years <input type="checkbox"/> 2-5 Years	<input type="checkbox"/> 6-10 Years <input type="checkbox"/> 10+ Years
What age groups do you teach? (please check all that apply)	<input type="checkbox"/> Infants (0-12 Months) <input type="checkbox"/> Toddler (13-36 Months)	<input type="checkbox"/> Preschool (37 Months – PreK) <input type="checkbox"/> School Age

How many children are in your classroom? _____

If you are a preschool teacher, what are the ages of the children you teach (e.g. 3 yr olds)? _____

How many hours per week do you work? _____

How many months per year do you work? _____

Beginning date of employment at current facility? _____

What is your current hourly wage? _____

Ethnicity

Are you of Hispanic, Latino or Spanish origin?

- | | |
|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano | <input type="checkbox"/> Other Hispanic, Latino or Spanish |
| <input type="checkbox"/> Yes, Puerto Rican | |

Do you consider yourself....?

- | | | |
|--|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Black, African Am. Or Negro | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Native Hawaiian |

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other Pacific Islanders: |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan | _____ |
| <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other Asian: | <input type="checkbox"/> Other race: _____ |
| <input type="checkbox"/> Filipino | _____ | |

The above information is used for demographic purposes only

Please check the box indicating what language(s) you speak fluently (please check all that apply)

- | | | |
|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Japanese | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Korean | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Lao | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Creole | <input type="checkbox"/> Persian | <input type="checkbox"/> Tribal: _____ |
| <input type="checkbox"/> English | <input type="checkbox"/> Polish | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> French | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Russian | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other: _____ |

How many people live in your household? _____

Of those, how many are:

Your parents? _____ Siblings? _____ Spouse or significant other? _____ Children? _____ Other? _____

Have either of your parents or any of your brothers and sisters attended college? Yes No

Do either of your parents or any of your brothers and sisters have a college degree? Yes No

How did you hear about the T.E.A.C.H. Early Childhood® Scholarship Program?

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Presentation | <input type="checkbox"/> My Center Director | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Mailing | <input type="checkbox"/> T.E.A.C.H. Recipient | _____ |
| <input type="checkbox"/> CCR&R Agency | <input type="checkbox"/> Workshop | |
| <input type="checkbox"/> College | <input type="checkbox"/> Website | |

Please check the box that best describes your educational history:

- | | | |
|--|--|--|
| <input type="checkbox"/> No high school diploma | <input type="checkbox"/> CDA (Specialization: _____) | <input type="checkbox"/> Bachelor Degree |
| <input type="checkbox"/> High school diploma/GED | | (Major: _____) |
| <input type="checkbox"/> 1-year certificate | <input type="checkbox"/> Associate Degree | |
| | (Major: _____) | |

Please check one that best describes your educational goals:

- Earn an Early Childhood or School-Age Credential
- Take a few early childhood courses to obtain or upgrade job-related skills
- Earn an Early Childhood, Infant/Toddler or School-Age Certificate
- Earn an Early Childhood Associate Degree
- Earn an Early Childhood Associate Degree and transfer to a four-year college/university to earn a Bachelor's Degree

Have you taken any college courses in the past two years? Yes No

Have you taken any ECE credits in the past two years? Yes how many? _____ No

Are you currently enrolled in an Early Childhood Degree program at a college/university in Rhode Island? Yes No

If yes, which degree are you working on? _____

When would you like your scholarship to begin? Fall Spring Summer (year) _____

T.E.A.C.H. Early Childhood® Rhode Island
Statement of Income

PLEASE ATTACH A COPY OF YOUR MOST RECENT PAY STUB HERE.

Employer #1 _____

Hours/Week _____ Earnings (\$) _____ per _____

Employer #2 _____

Hours/Week _____ Earnings (\$) _____ per _____

Have you applied for any other financial aid (such as Pell Grants, Smart Start Grants or student loans)?

YES **NO** (*Scholarship candidates must apply. See page 4.*)

Source of financial aid #1 _____ Date of application _____

Application Status: **AWARDED** **DENIED** **PENDING**

Source of financial aid #2 _____ Date of application _____

Application Status: **AWARDED** **DENIED** **PENDING**

All applicable financial aid letters should also be included with the application packet.

YOUR TOTAL GROSS ANNUAL INCOME \$ _____

YOUR TOTAL FAMILY GROSS ANNUAL INCOME (your spouse included) \$ _____

STATEMENT & SIGNATURE OF APPLICANT

I attest to the fact that the information I have provided is true and accurate. Based on this information I am applying to T.E.A.C.H. Early Childhood® Rhode Island for a scholarship to help pay the cost of educational expenses. T.E.A.C.H. Early Childhood® Rhode Island is a program of Rhode Island Association for the Education of Young Children (RIAEYC).

Signature of Applicant

Date

|

CENTER BASED TEACHER ASSOCIATE DEGREE SCHOLARSHIP MODEL
PRELIMINARY PARTICIPATION AGREEMENT

The early childhood associate's degree scholarship model offered through T.E.A.C.H. Early Childhood® Rhode Island requires active participation and cost sharing from each scholarship recipient. In the event that I am awarded a scholarship, I agree to the following participation requirements:

1. Remain enrolled in the Associate's Degree Program in the major of Early Childhood Education/Child Development at the Community College of Rhode Island.
2. Contribute 5% of tuition and specified fees for approved coursework.
3. Contribute 10% of required books costs for approved courses.
4. **Successfully complete** 9-15 credit hours at the Community College of Rhode Island during an annual contract period that will not exceed twelve (12) months.
5. Remain in the employ of my sponsoring program for an additional twelve (12) months following the award of compensation.
6. Submit evidence of a completed FAFSA form at the time of application and every spring thereafter during years of T.E.A.C.H. participation. Receipt of financial aid is not required to receive a T.E.A.C.H. Scholarship. However all applicants are required to apply for federal, state, and college aid via the completion of a FAFSA form. FAFSA stands for **Free** Application for Federal Student Aid. FAFSA forms can be accessed and filed through the website www.fafsa.ed.gov. **Be sure to access the given website, similar web addresses unnecessarily charge money for processing. The site you are referred to is free.** If you have questions about this process or need help completing the online FAFSA form, please contact the Educational Opportunity Center at CCRI, 401-455-6028. The T.E.A.C.H. scholarship office may also be consulted. Due to award cycles of FAFSA, it may be necessary for new T.E.A.C.H. summer applicants to apply for FAFSA two times within one T.E.A.C.H. contract period.
7. I understand that I will receive a \$50 travel stipend each semester I take courses as a T.E.A.C.H. scholar and a **\$585 bonus from T.E.A.C.H.** upon successful completion of my 12 month contract and upon submission of my grades.
8. I understand that the \$50 travel stipend may be used to offset my 5% contribution for tuition and books, if applicable.
9. I agree to submit my grades within 30 days of the close of the semester.
10. I understand that I am entitled to and expected to take an average of 3 hours of weekly paid release time during every semester I take classes through T.E.A.C.H.

Signature of T.E.A.C.H. Scholarship Applicant

Date

Please Print Name

**T.E.A.C.H. Early Childhood® Rhode Island
Early Childhood Associate's Model
Center Participation Agreement – Page 1**

This agreement must be completed by the center director and center owner or board chairperson.

The T.E.A.C.H. Early Childhood Associate degree scholarship model offered through T.E.A.C.H. Early Childhood® Rhode Island, a program of Rhode Island Association for the Education of Young Children (RIAEYC), requires the participation of each scholarship recipient's employing child care center. In the event that _____ is awarded a scholarship, I
(Applicant Name)

understand that the center agrees to participate in the following model.

Small Raise Model

1. Center pays 5% of the cost of tuition and associated fees for courses totaling 9-15 credit hours annually at the Community College of Rhode Island for the scholarship employee.
2. Center provides three hours of paid release time each week for each approved semester for each scholarship employee. (Forty five hour maximum for 15 week academic year terms, maximum of 18 hours for summer terms.) Release time is provided for campus and on-line courses. T.E.A.C.H. will cover all of the cost of release time to be reimbursed at a rate of \$6.75 per hour.
3. At the end of the annual contract, and upon the successful completion of 9-15 credit hours, the center will issue a 1.5% annual raise above any other expected or earned raise. T.E.A.C.H. will issue an additional \$585 bonus directly to the scholarship recipient.

Center Auspice: Profit <input type="checkbox"/> Non-profit <input type="checkbox"/>	
BrightStars Rating: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Candidate Name for this contract: _____	
Number of hours candidate works per week: _____	
Months worked per year: _____	
Hourly rate of pay: _____	
We the undersigned agree to the terms indicated in the above T.E.A.C.H. Center Participation Agreement.	
_____ (Please print name of Director)	
_____ (Signature of Director)	_____ (Date)

Is your center accredited? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, by whom? _____
Does your facility accept children with DHS subsidy? Yes <input type="checkbox"/> No <input type="checkbox"/>
What percentage of your enrollment receives DHS Subsidy? _____

Is this child care program owned or managed by another organization: _____ Yes _____ No
If yes, give the parent company name/address: _____ _____ _____ _____

****Two signatures are required in all circumstances. This requirement applies to all programs including when a director and the owner are the same person or a program is a Head Start or Community Action program. If there is a Board, a board signature is required.***

**T.E.A.C.H. Early Childhood® Rhode Island
Early Childhood Associate Degree Scholarship Model
Center Participation Agreement - Page 2**

Program Name: _____ Phone # _____

Program Mailing Address: _____

Physical Address: (if different from mailing): _____

E-mail Address: _____ Program Fax #: _____

DCYF Provider ID # _____ License # _____

License Capacity: _____ Current Enrollment: _____

Name and position of administrator who should receive T.E.A.C.H. approval and billing information

Address of above administrative contact person

Name and e-mail of site director if different than above administrator (Please print information)

Please check all forms of funding your facility receives:

- | | |
|---|---|
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Title 1 |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> IDEA |
| <input type="checkbox"/> State Head Start | <input type="checkbox"/> State Subsidies: Contracts |
| <input type="checkbox"/> State Pre-K | <input type="checkbox"/> State Subsidies: Vouchers |

Applications must be submitted with the following items:

- 1) Verification of candidate's income (paystub or official letter from agency showing hourly wage)
- 2) Copy of the program's current DCYF license
- 3) Evidence of completion of FAFSA
- 4) Two signatures in the box on page 5, center participation agreement

Return Completed Application to:

T.E.A.C.H. Early Childhood® Rhode Island
Rhode Island AEYC
535 Centerville Road, Suite 301
Warwick, RI 02886

**If you have any questions, please contact Marinel Russo, Manager of Early Childhood Initiatives
(401) 739-6100, extension 307, mrusso@riaeyc.org**